

**BCC NAME**

PATTON STATE HOSPITAL ADVISORY BOARD

**COUNTY DEPARTMEN**

3102 E. Highland, Patton, CA 92369

**CONTACT PERSON**

Lynnette McDermott

**PHONE NUMBER**

(909) 425-7891

**MAILSTOP****FAX NUMBER**

(909) 425-0160

**E-Mail Address:**

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<b>MEMBER NAME</b>	Juarez, Santiago					
<b>APPOINTMENT</b>	11/20/1997	<b>MO#</b>		<b>EXPIRATION</b>	1/1/2000	<b>TERM</b> SEE FACTS
<b>NOMINATED BY</b>	SAN BERNARDINO BOS			<b>APPOINTED BY</b>	GOVERNOR OF CALIFORNIA	
<b>REQUIREMENT</b>	PUBLIC			<b>COMMENTS</b>		

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<b>MEMBER NAME</b>	Rowe, Carl					
<b>APPOINTMENT</b>	1/25/1998	<b>MO#</b>		<b>EXPIRATION</b>	12/16/2000	<b>TERM</b> SEE FACTS
<b>NOMINATED BY</b>	RIVERSIDE BOS			<b>APPOINTED BY</b>	GOVERNOR OF CALIFORNIA	
<b>REQUIREMENT</b>	PROFESSIONAL			<b>COMMENTS</b>		

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<b>MEMBER NAME</b>	Schnarre, George					
<b>APPOINTMENT</b>	11/20/1997	<b>MO#</b>		<b>EXPIRATION</b>	1/1/1999	<b>TERM</b> SEE FACTS
<b>NOMINATED BY</b>	SAN BERNARDINO BOS			<b>APPOINTED BY</b>	GOVERNOR OF CALIFORNIA	
<b>REQUIREMENT</b>	PUBLIC			<b>COMMENTS</b>		

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<b>MEMBER NAME</b>	Schnarre, George					
<b>APPOINTMENT</b>	11/20/1997	<b>MO#</b>		<b>EXPIRATION</b>	1/1/1999	<b>TERM</b> SEE FACTS
<b>NOMINATED BY</b>	SAN BERNARDINO BOS			<b>APPOINTED BY</b>	GOVERNOR OF CALIFORNIA	
<b>REQUIREMENT</b>	PUBLIC			<b>COMMENTS</b>		

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<b>MEMBER NAME</b>	Seide, Marilyn, Ph.D.					
<b>APPOINTMENT</b>	1/25/1998	<b>MO#</b>		<b>EXPIRATION</b>	12/16/1998	<b>TERM</b> SEE FACTS
<b>NOMINATED BY</b>	LOS ANGELES BOS			<b>APPOINTED BY</b>	GOVERNOR OF CALIFORNIA	
<b>REQUIREMENT</b>	PROFESSIONAL			<b>COMMENTS</b>		

Tuesday, January 11, 2005

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**MEMBER NAME** Sexton, Samuel, Ph.D. (Chair)**APPOINTMENT** 11/21/1997 **MO#** **EXPIRATION** 12/16/1999 **TERM** SEE FACTS**NOMINATED BY** SANTA CRUZ BOS **APPOINTED BY** GOVERNOR OF CALIFORNIA**REQUIREMENT** PROFESSIONAL **COMMENTS**

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**MEMBER NAME** VACANT**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** SEE FACTS **APPOINTED BY** Governor of California**REQUIREMENT** **COMMENTS**

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**MEMBER NAME** VACANT**APPOINTMENT** **MO#** **EXPIRATION** 1/1/2000 **TERM** 3 YEARS**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Governor of California**REQUIREMENT** Professional **COMMENTS**